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## BIB DATA SHEET

CONFIRMATION NO. 3333

SERIAL NUMBER	FILING or 371(c) DATE	CLASS	GROUP ART UNIT	ATTORNEY DOCKET NO.		
10/689,866	10/21/2003 RULE	514	1615	200.1133CON		
<b>APPLICANTS</b> Benjamin Oshlack, New York, NY; Curtis Wright, Norwalk, CT; J. David Haddox, Upper Stepney, CT;						
<b>** CONTINUING DATA *****</b> This application is a CON of 09/781,081 02/08/2001 PAT 6,696,088 which claims benefit of 60/181,369 02/08/2000						
<b>** FOREIGN APPLICATIONS *****</b>						
<b>** IF REQUIRED, FOREIGN FILING LICENSE GRANTED **</b> 01/24/2004						
Foreign Priority claimed 35 USC 119(a-d) conditions met Verified and Acknowledged	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No /HUMERA N SHEIKH/ Examiner's Signature	<input type="checkbox"/> Met after Allowance Initials	<b>STATE OR COUNTRY</b> NY	<b>SHEETS DRAWINGS</b> 3	<b>TOTAL CLAIMS</b> 67	<b>INDEPENDENT CLAIMS</b> 11
<b>ADDRESS</b> DAVIDSON, DAVIDSON & KAPPEL, LLC 14th Floor 485 Seventh Avenue New York, NY 10018 UNITED STATES						
<b>TITLE</b> Tamper-resistant oral opioid agonist formulations						
<b>FILING FEE RECEIVED</b> 8194	FEES: Authority has been given in Paper No. _____ to charge/credit DEPOSIT ACCOUNT No. _____ for following:			<input type="checkbox"/> All Fees <input type="checkbox"/> 1.16 Fees (Filing) <input type="checkbox"/> 1.17 Fees (Processing Ext. of time) <input type="checkbox"/> 1.18 Fees (Issue) <input type="checkbox"/> Other _____ <input type="checkbox"/> Credit		